

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$12,594.50 for dates of service 04/17/01 through 04/21/01.
- b. The request was received on 02/27/01.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFA 1450
 - c. TWCC 62
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. The Commission requested via fax additional documentation per Rule 133.307 (g)(3). The provider did not respond to that request. The findings and decision will be based on the documentation provided by the provider's initial request.
3. Fax confirmation of the Commission's request for additional documentation is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

The Provider did not submit a letter requesting dispute resolution.
2. Respondent:

The Respondent did not receive a 14 day response from the Provider. Therefore, there is not a letter of response in the case file.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 04/17/01 and extending through 04/21/01.
2. The provider billed \$40,048.80 for the dates of service 04/17/01 through 04/21/01.

3. The carrier reimbursed the provider \$17,442.10 for the dates of service 04/17/01 through 04/21/01.
4. The amount left in dispute is \$12,594.50 according to the table of disputed services for the dates of service 04/17/01 through 04/21/01.

V. RATIONALE

Medical Review Division's rationale:

According to TWCC Rule 133.307 (g)(3), the Requestor is required to submit two copies of additional documentation relevant to the dispute. The only documentation received by the Commission is an initial request. According to TWCC Rule 133.307 (g)(3)(C) "a statement of the disputed issue(s) shall include: (i) a description of the health care for which payment is in dispute, (ii) the requestor's reasoning for why the disputed fees should be paid or refunded, (iii) how the Texas Labor Code and commission rules, and fee guidelines, impact the disputed fee issues, and (iv) how the submitted documentation supports the requestor position for each disputed fee issue." According to TWCC Rule 133.307(A)(B): "documentation of the request for and response to reconsideration (when a provider is requesting dispute resolution or denial of a medical bill)...(B): "a copy of any pertinent medical records or other documentation relevant to the fee dispute." The Provider did not submit any medical documentation in the dispute packet to indicate services were rendered and/or performed for the dates of service in dispute. Therefore, additional reimbursement is not recommended.

The above Findings and Decision are hereby issued this 17th day of July 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.